

other analytes (e.g., protein markers) in parallel with cfDNA may also enhance early detection.<sup>5</sup>

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Since publication of their article, Dr. Corcoran reports receiving consulting fees and holding equity in nRichDx. No further potential conflict of interest relevant to this letter was reported.

1. Tie J, Wang Y, Tomasetti C, et al. Circulating tumor DNA analysis detects minimal residual disease and predicts recurrence in patients with stage II colon cancer. *Sci Transl Med* 2016; 8:346ra92.
2. Chan KCA, Woo JKS, King A, et al. Analysis of plasma Epstein-Barr virus DNA to screen for nasopharyngeal cancer. *N Engl J Med* 2017;377:513-22.
3. Chaudhuri AA, Chabon JJ, Lovejoy AF, et al. Early detection of molecular residual disease in localized lung cancer by circulating tumor DNA profiling. *Cancer Discov* 2017;7:1394-403.
4. Shen SY, Singhania R, Fehringer G, et al. Sensitive tumour detection and classification using plasma cell-free DNA methylomes. *Nature* 2018;563:579-83.
5. Cohen JD, Li L, Wang Y, et al. Detection and localization of surgically resectable cancers with a multi-analyte blood test. *Science* 2018;359:926-30.

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## CORRECTIONS

Intravenous Iron in Patients Undergoing Maintenance Hemodialysis (*N Engl J Med* 2019;380:447-458). A programming error led to numerous inaccuracies in the analysis published online on October 26, 2018: results for nonfatal myocardial infarction, nonfatal stroke, and hospitalization for heart failure had been based on investigators' judgments rather than on adjudicated events, and all results for these outcomes are affected. The corrected results based on reanalysis include fewer events and, probably because of the exclusion of events rejected by the end points committee, the estimated treatment effects are slightly enhanced. The slight improvements in the hazard ratio for the primary end point result in a new P value of 0.04 for superiority. The composite secondary end point of fatal or nonfatal myocardial infarction was most affected by the error; the new hazard ratio for the comparison between the high-dose and the low-dose groups is 0.69 (95% confidence interval [CI], 0.52 to 0.93). For the composite secondary end point of fatal or nonfatal myocardial infarction, fatal or nonfatal stroke, or hospitalization for heart failure, the new hazard ratio is 0.80 (95% CI, 0.64 to 1.00). The key messages from the findings remain unchanged in terms of the safety of high-dose intravenous iron. Analyses not involving adjudicated myocardial infarction, nonfatal stroke, or hospitalization for heart failure are unaffected. The earlier version of the article is available with the full text of the new version. The article is correct and the Supplementary Appendix has been replaced at NEJM.org.

Diverticulitis (*N Engl J Med* 2018;379:1635-1642). In the Localized Perforation — Uncomplicated Diverticulitis subsection of Diagnosis and Evaluation, in the final sentence of the second paragraph (page 1639), the expression "single-agent therapy with a  $\beta$ -lactam or  $\beta$ -lactamase inhibitor, or meropenem" should have read, "single-agent therapy with a  $\beta$ -lactam or  $\beta$ -lactam/ $\beta$ -lactamase inhibitor combination, or meropenem." The article is correct at NEJM.org.

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